

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

| CLAIMS | | | | | | |
|--------------|-----|---------------------|-----|---------------------|-----|--------------|
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
| IND | DEP | IND | DEP | IND | DEP | |
| 1 | / | | | | | 51 |
| 2 | / | | | | | 52 |
| 3 | / | | | | | 53 |
| 4 | / | | | | | 54 |
| 5 | / | | | | | 55 |
| 6 | / | | | | | 56 |
| 7 | / | | | | | 57 |
| 8 | / | | | | | 58 |
| 9 | / | | | | | 59 |
| 10 | / | | | | | 60 |
| 11 | / | | | | | 61 |
| 12 | / | | | | | 62 |
| 13 | / | | | | | 63 |
| 14 | / | | | | | 64 |
| 15 | / | | | | | 65 |
| 16 | / | | | | | 66 |
| 17 | / | | | | | 67 |
| 18 | / | | | | | 68 |
| 19 | / | | | | | 69 |
| 20 | / | | | | | 70 |
| 21 | / | | | | | 71 |
| 22 | / | | | | | 72 |
| 23 | / | | | | | 73 |
| 24 | / | | | | | 74 |
| 25 | / | | | | | 75 |
| 26 | / | | | | | 76 |
| 27 | / | | | | | 77 |
| 28 | / | | | | | 78 |
| 29 | / | | | | | 79 |
| 30 | / | | | | | 80 |
| 31 | / | | | | | 81 |
| 32 | / | | | | | 82 |
| 33 | / | | | | | 83 |
| 34 | / | | | | | 84 |
| 35 | / | | | | | 85 |
| 36 | / | | | | | 86 |
| 37 | / | | | | | 87 |
| 38 | / | | | | | 88 |
| 39 | / | | | | | 89 |
| 40 | / | | | | | 90 |
| 41 | / | | | | | 91 |
| 42 | / | | | | | 92 |
| 43 | / | | | | | 93 |
| 44 | / | | | | | 94 |
| 45 | / | | | | | 95 |
| 46 | / | | | | | 96 |
| 47 | / | | | | | 97 |
| 48 | / | | | | | 98 |
| 49 | / | | | | | 99 |
| 50 | / | | | | | 100 |
| TOTAL IND. | 3 | | | | | TOTAL IND. |
| TOTAL DEP. | 31 | | | | | TOTAL DEP. |
| TOTAL CLAIMS | 34 | | | | | TOTAL CLAIMS |